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ON

INFLUENZA.

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ON THE

INFLUENZA,

AS IT PREVAILED IN

BRISTOL, AND ITS VICINITY,

DURING

Part of February, March, and Part of April, 1803.

BY JOHN NOTT, M.D.

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ON THE

INFLUENZA,

&c.

THE hiſtory of epidemics is perhaps the moſt curious, and intereſting of all reſearches in medicine and philoſophy; no diſeaſes are involved in more obſcurity; none have received leſs light from inveſtigation; and, could we ſatisfactorily trace their origin, none would give us greater inſight into natural cauſes. But ſuch diſcuſſion does not belong to theſe pages: the mention is made merely to introduce the ſubject of the preſent influenza, and to engage the attention of the reader.

We have accounts of epidemic colds having prevailed in this kingdom, in the years 1510, 1557, 1580, 1587, 1591, 1675, 1709, the latter end of 1732, and beginning of 1733; but I am unacquainted with their exact characters. Medical communications did not, at thoſe periods, diffuſe knowledge ſo widely as in the preſent day.

Dr. Robert Whytt, and other eminent practitioners, in the Medical Obſervations and Inquiries, vol. 2, mention an epidemic, very much reſembling our preſent, predominating in the ſouth of Scotland, 1758, during the months of October and November, which were remarkably wet and cold, when the ſummer months had been as remarkably warm. It came on ſuddenly, attended with the ſame laſſitude and pain in the limbs and loins as the preſent: the other ſymptoms were accompanied with hœmoptyſis, naſal or often uterine hæmorrhage, and ſometimes with

with diarrhœa; which conſtituted its peculiarity. It bore bleeding well, though the lancet was not always neceſſary. Slight caſes readily yielded to a kind diaphoreſis. Emetics were ſerviceable; ſo were wine and light cordials, at the termination of the diſeaſe. Perſons were ſubject to relapſes, on any trifling indiſcretion. Very few died of it.

The years 1767 and 1775 have had their peculiar epidemic colds; but, from accounts of them, they ſeem to have been of a ſomewhat different character from the diſeaſe, called influenza, we are now treating of. That of 1767 was but of ſhort duration, highly inflammatory, and required bleeding; it came on the latter end of June, and beginning of July, after a ſeries of weather unuſually cold: it attacked all ages, and both ſexes: infants had it. The epidemic of 1775, appearing towards the end of October, was nearly the ſame: in this, we are told, diarrhœa was

rather frequent; the dejections were moſtly black, or of a deep yellow: ſome few died phrenetic.

It has been obſerved, that to a certainty a prevalent catarrh, of rather a diſtinct nature, has infected this kingdom, at periods of about twenty years diſtance from each other, for ſome time back. The years 1743, 1762, 1782, and the beginning of 1803, have produced influenzas all ſimilar, or admitting but of ſlight variations.

Of the influenza of 1743 I can procure no information, which would lead to a very accurate diſcrimination of it.

That of 1762, Dr. Heberden informs us (ſee Medical Tranſactions, vol. 1) hung on perſons for months, nay, for a year or more; and thoſe, ſo languiſhing under it, for the moſt part died. It was preceded by weather uncommonly warm.

The

The influenza of 1782 had a very near analogy with the prefent: I ſhall therefore ſay a few words on the ſubject, principally from the report made of it by a committee of the royal college of phyſicians in London. It appeared firſt in April and May; but it did not reach the northern part of our iſland till June. It was diſſeminated throughout all our navy at home. Its attack was ſudden, and general among families. The period of the diſeaſe was from two or three days to a fortnight; and, in each place where it prevailed, it laſted about ſix weeks. Very few died of it; and thoſe were the old and aſthmatic. It often terminated in tumours of various kinds; now and then the parotid and axillary glands would ſuppurate. The more late the attack, it was obſerved, the more violent and of longer duration was the diſeaſe. Thoſe living on low lands had it more ſeverely than thoſe inhabiting upland ground. In ſome towns about three fourths, in others about four fifths, were affected.

fected. It extended to the continent. A ſingular circumſtance we learned at the time, namely, that it had raged at Canton, in China, two years before, 1780, with ſymptoms exactly ſimilar to what we afterwards remarked here. A ſhip's crew, on the China ſea, was infected with it at the ſame time. The Coromandel coaſt felt it, when it attacked the Britiſh army beſieging Negapatam, in November, 1781. Bengal was not exempt from it.

The preſent influenza, a diſeaſe of the febrile catarrhal kind, began to make its appearance in this city, and its neighbourhood, at the end of February laſt; after our winter had been remarkably mild, till the middle of January, when cold weather, with froſt and ſome ſnow, ſet in; this laſted till the diſeaſe appeared, when the weather became again ſoft and moiſt.

Its *remote* CAUSES I conſider as aſcribable to ſome

ſome peculiarities in the conſtitution of the air, which elude all medical reſearch. The French have attributed the complaint to certain winds blowing by day in one direction, and different winds blowing by night in another, without ſaying why theſe winds ſo operate; ſuch reaſoning is vague and unſatisfactory. Or the cauſes may be looked for in that circle of epidemics which, according to ſome theoriſts, bring certain diſorders in ſucceſſion to certain parts of our earth, at regular ſtated periods; but of ſuch capacity, perhaps, is this circle, that even the longeſt ſeries of the moſt careful obſervations would not ſuffice to give us any idea of its meaſurement. The remote cauſes, however, of many diſeaſes, particularly of epidemics, we muſt confeſs, are ſhrouded in a gloom, which the lights of philoſophy have never yet been able to penetrate. It is a ſubject on which the ſcientific viſionary may conſtruct ſyſtems without end, yet never approach truth. Whether they may proceed from ſome terrene emanation, originating

nating in particles previouſly abſorbed from the air; whether ariſe from any animalcular ſource, any modification of temperament of the atmoſphere, or chemical diſproportion of its conſtituent elements, will yet exerciſe phyſical ſpeculation.

The *prediſpoſing* cauſes muſt reſt with the perſons attacked by it: thoſe, who from an irritable ſtate of the Schneiderian membrane, or from extreme tenderneſs and ſuſceptibility of the lungs, are moſt liable to the common catarrhal cold, have been moſt readily affected.

The *proximate* cauſes, I preſume, are thoſe morbific miaſmata, of whatever nature they may be primarily, which float in the air, and, being inhaled by the mouth and noſtrils, excite the diſeaſe.

How far the halitus, and contact of thoſe infected with it, can be immediate cauſes, involves the queſtion of contagion, which has been much controverted;

controverted; it has found, for and againſt it, many and zealous partiſans: I am not competent to decide upon it; but I have ſtrong reaſons to entertain doubts of the diſorder being contagious.

I have ſeen two or three perſons of a numerous family attacked with this influenza, and after a fortnight, perhaps, they have completely recovered: another fortnight has elapſed, and others, who have ſat at meals at the ſame table, been conſtantly in the ſame ſociety, with thoſe firſt infected, have then fallen ill; the firſt infected not partaking of the complaint a ſecond time. Surely this is very unlike contagion. If contagious, when any individual of a ſociety had the diſeaſe, it is moſt likely the reſt of the ſame ſociety would have caught the infection one after another; and thoſe firſt infected would have had it a ſecond time, on the reſt falling ill, who might, in the firſt inſtance, by accident have eſcaped: for it does not ſeem a law of the diſeaſe to attack but once: many have

relapſed, who, to all appearance, were got perfectly well.

Again: I have known whole families, conſiderable in number, affected with it, maſters and ſervants, on one and the ſame morning, or evening perhaps: to ſuppoſe that each caught it from the other, argues a rapidity of infection, that no poiſon hitherto known, I fancy, ever yet occaſioned. But theſe perſons were living in the ſame atmoſphere, under the ſame circumſtances, moſt likely on the ſame diet, and from ſimilar habits acquiring, poſſibly, ſimilar diſpoſitions towards ſuſceptibility. This may account for ſuch a ſudden general attack.

Numerous inſtances alſo have happened within every perſon's knowledge, of married couples, one of whom has contracted the complaint, while the other has continued exempt during the whole period of its prevalence; without the idea of

ſeparate

ſeparate beds once occurring, or being adopted as a prevention.

Nor does any marked boundary ſeem to reſtrain its predominance. Surely the width of the Britiſh Channel, and the adjoining extents of land on either coaſt, were ſufficient to prevent contagion paſſing between London and Paris; at both which places it raged with violence at the ſame exact period. Indeed, in former influenzas prevailing here, foreign countries have never failed to be affected by them, in ſome quarter or other, though not ſo immediately at the ſame juncture.

The great uncertainty, and ſometimes rarity of its propagation in public ſeminaries (which muſt be conſidered as forming a very excellent teſt) might, from the reports of well-informed and obſervant practitioners, incline us to an opinion of the malady not being contagious.

Moreover: remote villages, and ſolitary houſes, we learn from good authority, have been infected with it, at the very preciſe time it has appeared among large cities, where it would naturally make a more ſeeming rapid progreſs, from the prediſpoſing cauſes prevailing more in them, and the general conſtitution of the animal frame being more weak and ſuſceptible.

My belief then is, till further inveſtigation ſhall correct my judgment, that this influenza is epidemic only, not contagious. By epidemic I would underſtand (though the term may juſtly apply to any diſorder prevailing among perſons at one and the ſame time) what is propagated by ſome general cauſe; by contagious, what is emitted from one body to another.

The SYMPTOMS come on very ſuddenly indeed. I have been ſent for in the evening to patients, labouring with all thoſe attendant on the diſorder

to

to a moſt violent degree, whom I have ſeen perfectly well in the morning of the ſame day; ſo that any *antecedent* ſymptoms can hardly be diſtinguiſhed from thoſe which are *immediate*. Pains in the back and joints, ſomething ſimilar to rheumatic pains, may perhaps precede all others. The ſymptoms are; a ſlight ſore throat, which I never found become much worſe; a highly-increaſed ſecretion of the pituitary membrane; and epiphora, ſimilar to what attends the firſt ſtage of the meaſles; alſo ſneezing; great pain, and perhaps ſlight confuſion of the head; extreme dejection, anxiety, and proſtration of ſtrength; frequent pulſe, but for the moſt part ſmall and ſoft; cough; and nearly the whole train of febrile pneumonic ſymptoms, which it were unneceſſary here to relate. Pains at the ſtomach, with ſickneſs, have ſometimes occurred; and, in a few inſtances, diarrhœa; though for the moſt part conſtipation attended.

In

In different places, ſome variety has taken place reſpecting the violence of certain ſymptoms. The dyſpnœa, and cephalalgia attending this diſeaſe, have not to me appeared, from the information I could collect, nearly ſo diſtreſſing with us, as what the medical gentlemen of the metropolis repreſent them to have been there; nor have they required ſuch deciſive remedies.

The diſorder does not ſeem to admit of a CRISIS within any preciſe limited period. Though the febrile ſtage may not have extended beyond three or four days; yet has the malady hung on perſons for a week, or nine days, or has been protracted to three weeks, or longer; according as the patient has neglected himſelf, or has paid regard to curative intentions. With very many it has terminated in deafneſs; with ſome in a ſmall abſceſs of the ear internally, which was the caſe in the influenza of 1782, as well as in the ſcarlatina anginoſa, predominating in the central parts of this king-

dom

dom juſt thirty years ago; to which diſeaſe the influenza has been thought ſomewhat allied, though diſtantly: with others it has ended in that common indefinite eruption, vulgarly called a raſh; or in ſuch inflammatory, or even chronic diſeaſes, as the conſtitution has been already prediſpoſed to. Pleuriſy and peripneumony have very commonly ariſen from it; and ſometimes aſthmatic attacks, which have proved fatal; theſe, perhaps, are the moſt frequent inſtances in which its fatality has been remarked. A furfuraceous ſcurf over the hands, face, and neck, as well as other parts of the body, was obſervable in many at the cloſe of the complaint.

Extreme weakneſs of the joints firſt pained, and of the knees more particularly, has always attended the termination of this diſeaſe: many young perſons have complained of ſuch want of energy in the knees after it, as almoſt to fancy that a premature old-age had ſuddenly come upon them.

them. This ſymptom has remained long after the reſt of their frame was invigorated, and they felt otherwiſe hearty.

In the pain and ſucceeding weakneſs of the joints, eſpecially of the knees, as juſt mentioned; in the ſuddenneſs of the attack, and proſtration of ſtrength, as well as in the general pyrexia, may poſſibly be compriſed the DIAGNOSIS of the diſeaſe, I mean as diſtinguiſhing it from common catarrh.

I have obſerved, that in proportion as increaſed perſpiration could be excited by art, or took place ſpontaneouſly; as the expectoration became more free, and concocted; and as there was leſs diſpoſition to irritability in the habit, in the lungs more particularly, ſo might we form a favourable PROGNOSIS.

Its

Its fatality, I believe, has been greatly misrepresented, wherever it has appeared. As a disease, solely and distinctly affecting, I cannot learn it has ever proved mortal; but it has excited other diseases, attacks of which often prove so, excited by any other cause. The communications of some respectable London practitioners will not allow of that ravage, which public prints declare it to have made. Such publications inform us too, that it has been singularly fatal to the young, the old, and the sickly, in the city of Bristol; but this has been by no means the case.

The PREVENTION of a disease so extensively prevalent, for even the neighbouring continental coast has participated of it, the evident sources of which are not to be correctly ascertained, cannot with precision be laid down. The usual precautions against the common catarrhal cold seem the best general directions; as, avoiding all currents of air; moist air; drying winds, like the north-

caſt, which abſorb the inſenſible perſpiration on the ſurface of the body; attention to clothing duly warm; and keeping the habit as free as may be from all cauſes of general irritation.

How far nitric fumes may deſtroy thoſe atmoſpherical miaſmata occaſioning the diſeaſe, or otherwiſe correct its cauſes, whatever they really are, I will not venture to decide. I ſhould rather doubt their efficacy. The ſubject has been much agitated, but muſt ſtill remain diſputable. If the diſorder be not actually contagious, there is the leſs neceſſity for their trial. How far they may by their ſtimulus aggravate the cough, for ſtimulating they certainly are, I have had no experience; but it ſeems probable they would do ſo. That nitric fumes are not generally pleaſant, I am perſuaded, from their uſe on other occaſions; yet who ſhall decide on what is grateful, or the contrary, to our ſenſes; when muſk, to ſome the moſt delightful perfume, is to others the moſt odious of ſcents; and

and aſſa-fœtida, diſguſting to by far the greater number, is highly pleaſing to the ſmell, and even taſte, of a few?

As this complaint is particularly ſudden in its attack, ſo does it ſeem to admit of very ſudden ſuſpenſion. A full doſe of tincture of opium, that is perhaps thirty drops, taken at bed-time, has ſeemingly cured the patient for the whole of the next day; more eſpecially, I have remarked, if any way ſuffering from its ſubſequent effects as a narcotic: but the ſucceeding day it has returned with redoubled violence, as though determined to have its courſe. From thirty to forty drops of the following compound tincture, viz. tincture of foxglove, tincture of opium, of each two parts, tincture of ſquill one part, mixed, taken once in ſix hours, would alike cauſe a ſuſpenſion temporary only.

To remedy this diſorder, the ſame intentions of CURE as we obſerve in the common catarrhal cold were all that, I believe, our medical practitioners adopted. To equaliſe perſpiration throughout the ſyſtem, and for a time to keep it increaſed, ſeeing that all the other natural functions of the body were duly regulated, appeared the main object. In the influenza of 1782, ſome writers on the ſubject told us, that the diſeaſe paſſed off in proportion as a tendency to perſpiration was obſervable: this ſhews how nature would effect a cure of her own accord, and how nearly therefore we ought to imitate her in our intentions.

The plan of treatment, I have purſued in a general way, is as follows. When ſent for to patients firſt attacked, I have kept them in bed during eight and forty hours; giving them at firſt eight or ten grains of antimonial, or James's powder, in two ſeparate doſes, at the diſtance of three hours

one

one from the other; and encouraging perſpiration by tepid draughts of weak white-wine whey; paying alſo due attention to a rather free ſtate of the bowels, according as the antimonial preparation might, or might not, have affected them. A neutral doſe, with nitre and camphor mixture, thrice in the day; likewiſe a gentle anodyne of the white poppy ſyrup at night, were afterwards preſcribed. The ſame ſyrup, in almond milk, or barley water, or given in any other way pleaſant and convenient to the patient, I always found ſufficient to mitigate, and ultimately to ſubdue the cough. I ſeldom had occaſion to have recourſe to opium; or, when I have, I thought it rather of diſſervice by checking the expectoration: it did not, in this inſtance, ſeem to produce that benefit, which generally reſults from its exhibition in other coughs and catarrhs. Light tonic remedies afterwards were uſeful, and in the end cured; that I employed principally was: two ounces of the infuſion of roſes, with a drachm of the columba tincture,

twice

twice or thrice in the day: I have alſo given ſteel wine in camphor mixture, a moſt excellent light tonic; neither of which have in the ſlighteſt degree aggravated the cough. All the tribe of bitters and mineral acids have been uſed by different practitioners, ſome preferring one kind, ſome another; but the whole of that claſs of medicine has proved ſucceſsful. Many have given a decoction of the cinchona, and even joined with it the aromatic confection, paying no attention to cough, which has cured without inconvenience. Small and frequent doſes of the aqua ammonia acetata, with a very little ſyrup of white poppies, in camphor mixture, has proved an excellent medicine in the febrile ſtage of the diſeaſe.

The dietetic plan, in the courſe of cure, did not to me appear as admitting of that rigorous abſtemiouſneſs, which is ſo generally ſerviceable in the common catarrhal cold: few could bear to forego animal food entirely; and thoſe accuſtomed

to

to wine were too much lowered by a privation of it; the quantity was diminiſhed only, and, when taken, diluted with water. Keeping in bed, beyond the firſt eight and forty hours, I alſo found produced too great debility; leaving bed much earlier, when in a convaleſcent ſtate, would occaſion a ſevere relapſe. I have not remarked in my practice any one inſtance in which the pulſe would warrant bleeding in the influenza, where that diſeaſe affected independently; where it excited other diſeaſes, the caſe became different. The more reſpectable claſs even of the French phyſicians warned the public againſt blood letting; acknowledging, that on the firſt appearance of the malady, before they could well aſcertain its character, they loſt many patients by the lancet.

Bliſters, it is generally agreed, have proved of little or doubtful efficacy; I do not believe our practitioners have had much recourſe to them. By me they have not once been employed.

The

The inhalation of medicated ſteams, in the preſent and former influenzas, have had no good effect in mitigating the cough. Nor have emetics, by which ſome imagined they might, in its early ſtage, check its progreſs, been ſucceſsful; but inaſmuch as the medicine employed might promote perſpiration. In the epidemic of 1782, they were found, as we are told, of ſingular benefit; ſo were bliſters.

Pediluvium, in the beginning of the diſeaſe, previous to the exhibition of any medicine meant to act on the ſkin, or on the bowels, was ſometimes found ſerviceable.

This influenza has to me appeared more ſubject to recurrence, and more uncertain in its duration, than catarrhs, and ſimilar diſorders generally are.

I cannot conclude the preſent haſty ſketch of influenza, without expreſſing a wiſh, that all practitioners

titioners in phyſic would be ſolicitous to notice the riſe and progreſs of every epidemic as it occurs, and in ſome way make public communication of their remarks; ſo that ſuch a body of information might, in the courſe of time, be collected, as ſhould enable us, in a meaſure, to aſcertain the laws of epidemics. We might then determine how far they follow each other in one circular ſeries, or how far they return indiſcriminately, and without order, according to hidden qualities in the air, and the unaccountable viciſſitudes of ſeaſons. But this is a myſtery which the life and labours of any one phyſician, as Sydenham juſtly obſerves, will never ſuffice to unravel.

THE END.

BY THE SAME AUTHOR.

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